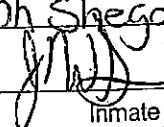



# **EXHIBIT D**

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Ms Deplatchett (Um)		2. Date: 4-28-20	
3. By: (Print Inmate Name and Number) Joseph Shegog Gm1483  Inmate Signature		4. Counselor's Name: Ms S	
		5. Unit Manager's Name: Ms D	
6. Work Assignment: C I		7. Housing Assignment: B-B-6d	
8. Subject: State your request completely but briefly. Give details.			
<p>I was suspended from work for writing a grievance. I wanted to know how long I am suspended and how long I am allowed to be denied pay.</p>			
9. Response (This Section for Staff Response Only)			
<p>You are suspended until your staff</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	
STAFF MEMBER NAME  Print		Signature	
		DATE 4/29/21	